

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	13	10-11-2
EXAMINER		
TYPIST	144	1-15-47
VERIFIER	290	1-16-47
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY INDEX OF CLAIMS

Claim	Date
1	10/15/47
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Claim	Date
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SYMBOLS

- ✓ Requested
- ✗ Allowed
- (through number) Cancelled
- N Restricted
- I Non-elected
- A Interference
- O Appeal
- O Opposed

(LEFT INSIDE)